

# **STATEWIDE PROGRAM STANDING COMMITTEE FOR ADULT MENTAL HEALTH**

**November 5, 2007**

## **Notes**

**MEMBERS PRESENT:** Lise Ewald, Kitty Gallagher, Clare Munat, and Jim Walsh

**DMH STAFF:** Alice Maynard, Tommie Murray, Melinda Murtaugh, and Terry Rowe

**OTHERS:** Amy Churchill, Beth Collins, Peg Donlevy, Grace Dunnick, Michael Fitzgerald, Zachary Hughes, Steven Morgan, Joy Prior, and Cindy Taylor-Patch

Clare Munat facilitated today's meeting. Because a quorum was not present, the Standing Committee postponed approval of the notes on the October 1 meeting until December.

### **Items for the December Agenda**

- ✍ Notes on October and November meetings
- ✍ Feedback for the Chief Justice's Task Force
- ✍ Re-designation of HowardCenter (with representatives from the agency invited to attend)
- ✍ Re-designation of United Counseling Services of Bennington County
- ✍ Peer Initiative Council
- ✍ Generic advocacy
- ✍ More information about the Department of Mental Health's (DMH) application for a telemedicine grant
- ✍ Therapeutic and Recovery Services (formerly the Activities Department) at the Vermont State Hospital (VSH)

### **Peer Initiative Council: Kitty Gallagher**

Kitty reported that the Council is planning visits to two peer-operated services in the Northeast:

- ❖ Rose House, in New York, and
- ❖ Stepping Stones, in New Hampshire

Further details will follow the visits.

### **Re-designation of HowardCenter: Preliminary Discussion**

Based on the draft program review and minimum standards reports, Standing Committee members proposed several topics on which they would like to have more information from HowardCenter staff. Their questions included:

1. What is HowardCenter's supervision model?
2. Why is it that none of the staff seem to want to move into supervisory roles?
3. High caseloads and payeeships:
  - a. What is the role of a payee?
  - b. How much staff time does this kind of work require each month?
  - c. Are there other options?
4. How fully is HowardCenter staffed now in Psychiatry and Medical Practices?
5. How many vacancies overall are there in Community Rehabilitation and Treatment (CRT)?
6. Dialectical Behavioral Therapy (DBT):
  - a. Why have staff not been trained in DBT?
  - b. Why not include DBT training in Master's curricula at colleges and universities?
  - c. What would it take to bring about the inclusion of DBT training in such curricula?
7. The effects of high case loads:
  - a. What kinds of groups are staff doing because of high case loads?
  - b. Are some people who need individual therapy not getting it because of the move to groups?
  - c. What kinds of outcomes are clients experiencing?
8. What are some more examples of recovery accomplishments/orientation at HowardCenter?
9. Does HowardCenter offer adult day care serves as part of the ElderCare program?
10. What is auricular detox?
11. Is the figure of 1,200 individuals a month in Adult Outpatient Turning Point correct? It seems very high.
12. Please give more information about the Mental Health Court.
13. Reassessments:
  - a. Is the timeliness of reassessments a recurrent theme of audits of HowardCenter records?
  - b. If so, how would DMH or the Standing Committee know?
  - c. What does the DMH do in the way of follow-up actions for tardy reassessments?

Standing Committee members emphasized that these questions are in the nature of a fundamental desire to know more about how HowardCenter operates. In addition, the Standing Committee praised the Street Worker Program and the implementation of co-occurring treatment principles within the program for clients with co-occurring disorders of mental illness and substance abuse.

If any Standing Committee members have additional questions, they should let Melinda Murtaugh know by Friday, November 16, and she will add them to the list to send to HowardCenter.

### **Departmental Update: Melinda Murtaugh**

Melinda reported DMH's recent application for a small grant to pilot telemedicine projects in Vermont. Standing Committee members would like to have more details at the next meeting.

### **Prospective Members: Kitty Gallagher**

Kitty asked that membership applications be sent to Michael Fitzgerald and Beth Collins, from Health Care and Rehabilitation Services of Southeastern Vermont.

### **New Recovery Center in Springfield for Health Care and Rehabilitation Services of Southeastern Vermont**

The new Recovery Center is located in a newly constructed building in North Springfield. Several CRT clients came to today's Standing Committee to tell about the new space and to share their ideas about how well the program is working now. Between thirty-five and forty-five clients a week currently take advantage of the Recovery Center. Several groups are held each week there, and a variety of other activities are also available (for example, computing, a newsletter, and a warm line for CRT clients). The Recovery Center is open from 9:00 in the morning until 2:30 in the afternoon weekdays (except Wednesdays).

Without question, the new space is physically superior to their former quarters in the Black River Rehabilitation Center, and the big yard offers more room for outside activities in good weather. The clients who came to today's meeting, however, expressed reservations in that the new Recovery Center has not met their expectations. They have written a letter to the Board of Directors to note their concerns and ask for a follow-up discussion with the Executive Director of the agency and the architect.

### **VSH: Quality Management**

Terry Rowe introduced Tommie Murray, VSH's Chief of Quality Management. Tommie talked about a new automated quality assurance/quality management system that is being implemented at the State Hospital to replace the current manual paper systems for tracking events (staff, patient, and environmental, facility, or general safety events). The name of the new system is Quantros. At least twenty years of research have gone into the design of this system of generating reports. One of its principal advantages is that it allows users to sort events by severity, thus improving staff time and efficiency.

Staff and managers have already received Quantros training. The new system should be ready for complete implementation the second week of November. VSH plans ongoing review of progress after implementation. In reply to a question about root-cause analysis, Tommie observed that that kind of analysis is really good when one is certain that a system is at issue. In general, Tommie emphasized that "performance improvement is not a destination; rather, it is an ongoing journey."

### **Mental-Health Training at the Vermont Police Academy: Cindy Taylor-Patch**

Cindy has been teaching at the Police Academy for five years. Before that, she had experience working at Rutland Mental Health Services and the Counseling Service of Addison County.

The Police Academy currently offers six hours of training for “basic awareness” of mental-health issues, Cindy said. A more extensive forty-hour curriculum, modeled on training offered by the National Alliance for Mental Illness, or NAMI, and the Memphis Police Department, is currently on hold for lack of resources. Usually sixty students go through the Policy Academy’s training each year.

Topics included at the “basic awareness” level include:

- ✓ Issues, such as stereotypes and stigma
- ✓ History of mental illness
- ✓ Psychiatric disorders/symptom recognition
- ✓ Treatment options available around the state
- ✓ Developmental disabilities
- ✓ Verbal and nonverbal communication
- ✓ Legal issues
- ✓ Statutes on involuntary admissions

The State Police are committed to getting everyone through the basic level of training, Cindy said, and then the full forty-hour curriculum too if grant funding can be found. Cindy tries to have someone with mental illness come to the class to talk to the students on the subject of mental illness.